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Cultural Effects on Rape Trauma Syndrome: Evaluating the Claims

Kelsey West
Augustana College, Rock Island Illinois

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Augustana College

Introduction

In 2014, the Pacific Standard magazine published a piece called "The Lifelong Consequences of Rape", written by Starre Vartan. The Pacific Standard magazine is a magazine in print and online, that publishes many different stories, including a wide range of stories regarding social justice issues. The magazine is well-known for combining research with public interest and reporting in order to get their stories.

Vartan begins recapping the year as 'one to remember', as some might say, for a variety of different reasons, including the story of Emma Sulkowitz's rape protest at Columbia University, which included her carrying her mattress around campus to silently raise awareness of her abuser still being on campus. This was a highly covered news piece, and brought publicity to the victims on college campuses that silently suffer every day because of the injustices on campuses across the United States when it comes to sexual assault. Vartan's piece draws light to the fact that "rape is different from other forms of physical violence and trauma", that the effects are harsh and long lasting, and many people suffer in complete silence (Vartan, 2014). She cites that victims oftentimes suffer from severe PTSD after their assaults, sometimes also known as Rape Trauma Syndrome (RTS), a specific type of PTSD.

In this piece, Vartan makes claims about the effects of rape and rape trauma syndrome that will be analyzed and discussed further, including a) that cortisol levels in rape victims are elevated in comparison to other people who have been through trauma or other stress b) that secondary victimization is extremely high in rape cases, and has a negative effect on victims and their recovery, and c) that shame has a negative impact on the reporting and recovery of victims. This review is meant to evaluate Vartan's claims

and compare them with other existing research on the long-term effects of rape and rape trauma syndrome.

Literature Review

Cortisol levels in rape victims are elevated in comparison to others who have been through trauma or other stress. Vartan cites a 2011 study that finds cortisol levels to be higher in rape victims when compared to other people who have been traumatized in other ways (Vartan, 2014). This article tested 30 survivors of war and torture, some with rape-related trauma and some without, and compared levels of cortisol responses in saliva when faced with trauma-related material (Gola et al., 2011). What the study found was that cortisol levels were elevated in those with past experiences in rape in comparison to those without. This supports the connection of cortisol to trauma, and specifically rape-related trauma as all individuals in this study were traumatized in some way. It also illustrates the physiological differences between rape-related trauma and other types of trauma.

Gola et al. (2012) is not the only research out there about this phenomenon. In a study done by Gerardi, Rothbaum, Astin and Kelley (2010), cortisol responses are tested in rape victims again. This study tested cortisol response levels in victims of rape who have been diagnosed with PTSD. It also supports the notion that cortisol levels are higher in rape victims, but goes one step further in testing by assigning each participant to a different type of therapy and testing whether or not it has an effect on cortisol levels of each individual. They found that engaging in prolonged exposure therapy significantly decreased cortisol levels in survivors. Eye movement desensitization and reprocessing (EMDR) therapy also decreased cortisol levels, but not as significantly as exposure

therapy did. While the therapy aspect of this study is not directly related to Vartan's claim in her article, this study illustrates that cortisol is an important aspect of the brain chemistry of rape trauma victims, and is likely elevated after an assault. It also notes the differences in survivors that have been diagnosed with PTSD versus those who experience traumatic stress. Those diagnosed with PTSD have elevated response levels to cortisol when compared to those who are not diagnosed.

Secondary victimization is extremely high in rape cases and has a negative effect on victims and their recovery. Vartan cites a news anchor on CNN who questioned a woman who was allegedly raped by Bill Cosby on why she didn't "bite his penis off when he forced her to perform oral sex" (Vartan, 2011). This is a very clear example of the victim blaming tendencies that come so easily to many people in today's culture. This kind of victim blaming is also referred to as "secondary victimization", because it re-victimizes the person who has already been physically assaulted by questioning what *they* did, instead of what the perpetrator of sexual assault did. These attitudes are detrimental to survivor's reporting processes and their recovery, as shown in many studies, including one done by Renner, Wackett and Ganderton (1988), who analyzed calls that came into a rape crisis center crisis line. This data was analyzed in a variety of different ways, including by rating the degree of blame by self or others and if they disclosed the assault to authorities, such as police. The data that came out of these analyses reflected that low social support or victim blaming was related to negative coping, defined by degree of guild and post-assault functioning levels, for the victim (Renner, Wackett & Ganderton, 1988). This in turn supports Vartan's claim that secondary victimization has a negative impact on recover of rape victims.

In another study by Bieneck & Krahe (2011) the prevalence of victim blaming tendencies in cases of rape versus cases of robbery are contrasted with one another. It was concluded that "more blame was attributed to the victim and less blame was attributed to the perpetrator for rape than for robbery" (Bieneck & Krahe, 2011). Participants were given information regarding a rape as well as a robbery, and told to rate the blame they felt was for the victim versus the perpetrator. Overwhelmingly, participants blamed victims of sexual assaults at a much higher rate than burglaries, in instances where the perpetrator and victim knew each other and not. This study epitomizes the reactions that rape culture has ingrained into our society – that it is a person's own fault, something they did, that evoked a sexual assault, instead of blaming the perpetrator for his or her own actions. It illustrates that while it is easy to blame to perpetrator in crimes such as burglary, people do not think the same when faced with sexual assault cases. Victim blaming is extremely high in cases of sexual assault and it can cause very negative affects to the victims who have encountered this.

Shame has a negative impact on the reporting and recovery of victims. In Vartan's piece, she mentions the impact of shame on victims in a few places, and how it impacts their future decisions in reporting and recovery. In discussing the study about PTSD in survivors of war with or without experiences of rape (Gola et al., 2011), she notes that the average woman in the study was aged around 80, and that many of them still held on to many of the original feelings from the assault because they had not talked about them with many people (Vartan, 2011). Shame and humiliation are common emotions felt by people after an assault, partly because of the response driven by rape culture in our society, and those feelings are reflective of how people go about their

recovery after-the-fact. In a study by Weiss (2010), narratives by both males and females reflect that 13% of respondents who experience sexual assault expressed shame in telling their stories. Many of the victims in this study felt shame, and this influenced them to not file police reports, as they believed that "police would say it was [his or her] fault". Shame was exhibited in different ways throughout the victims including by making them feel like they deserved the assault, feeling disgraced and disempowered because of the assault, and by feeling very exposed because of the assault (Weiss 2010). The stories of these survivors are laced with shame for an act that they did not commit and had no responsibility in. However, because of the nature of sexual assault and our cultural views on it, shame is a common emotion felt by victims and it negatively effects reporting processes and recovery paths of these people.

Another study done by Starzynski and Ullman (2014) discusses the idea of shame in victims, specifically when mental health professionals exhibit blaming reactions or negative perceptions. Oftentimes in therapy, a person is extremely vulnerable and exposed, so therapist reactions and opinions can affect them greatly. While the majority of women believed mental health professionals to be helpful and non-judgmental (n=267), there was still a portion who felt blame and shame because of their experiences with counselors (n=87) (Starzynski & Ullman, 2014). These numbers are shocking, as counseling should be a safe place for expression of feelings and healing, and the study illustrates that this is not always the case. These statistics reflect, as in the other cited studies, that shame associated with a sexual assault inhibit victims from healing effectively as well as sometimes from reporting the assaults to police and other professionals. When people felt blamed by mental health professionals, they had negative

perceptions of them and are less likely to seek help from them in the future (Starzynski & Ullman, 2014). Thus, the claim about the negative effects of shame on victims in Vartan's article (2011) is supported by this study.

Discussion

In the Starre Vartan's article about the long-term effects of sexual assault, she draws attention to the biological differences in people affected by this trauma, as well as the shame and re-victimization that survivors of this crime face. Information on elevated cortisol levels and responses was supported by a study done by Gola et al. (2012), which tested responses of trauma victims with and without rape experiences and the levels of cortisol. Rape survivors in this study had even higher levels of cortisol than those trauma survivors who had not experienced rape. It was also supported by a study done by Gerardi, Rothbaum, Astin, and Kelley (2010), who looked at cortisol responses and the difference in survivors diagnosed with PTSD versus those with traumatic stress, and the impact of those levels when treated with different types of therapy.

Vartan also discussed secondary victimization and shame in her article, and the high rate of each of these things and the negative effect they each have on reporting processes and recovery of victims of sexual assault. Secondary victimization is addressed by two studies (Renner, Wackett & Ganderton, 1988; Bieneck & Krahe, 2011) that support Vartan's view by illustrating the prevalence of victim blaming tendencies in sexual assault cases versus other types of crimes, and showing how that blame affects victims in the long term. In addition, Vartan's article along with two other studies (Weiss, 2010; Maddox, Lee, & Barker, 2010) shed light on the shame victims so often feel and the effects this has on their life.

Vartan's article and the claims I have chosen to discuss are important to understand when working towards a more understanding culture that can support survivors of sexual assault in a more positive way than we do now. Through the victims addressed in all of these articles, it is clear to see the sheer number of people affected by this traumatic crime, and the trauma they continue to ensue after the assault. By understanding the biological effects of sexual victimization, and the high rate of blaming and shaming victims in our culture, we can begin to speak up against these things to stand by survivors, instead of simply let them suffer in silence like they so often do.

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